



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

WAYNE A SOIGNIER MD

Respondent Name

NEW HAMPSHIRE INSURANCE CO

MFDR Tracking Number

M4-13-1966-01

Carrier's Austin Representative

Box Number 19

MFDR Date Received

April 04, 2013

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The enclosed claim was reduced in error. This claim was for a Division ordered Designated Doctor Re-Exam. We billed a total of \$1,275.00 for this claim but were paid only \$189.73. The explanation given on EOB justifying the denial states: *CLAIM/SERVICE LACKS INFORMATION WHICH IS NEEDED FOR ADJUDICATION/ WORKERS COMPENSATION STAT FEE SCHEDULE ADJUSTMENT*; however, this is incorrect. The reduction of parts of this claim is in violation of the rules of the Texas Department of Insurance Division of Workers' Compensation as this service was ordered on the DWC-32."

Amount in Dispute: \$337.50

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The review is complete and it was determined additional monies are Not due at this time. Please see the detailed information provided:

In reviewing this issue we did note that there is a division order attached for a designated Doctor Exam. We also noted that the date range for this exam were to be between the DOS 06/15/2012-06/20/2012 and the DOS for this service took place on 06/13/2012 this is prior to the Division order. Per provider documentation we did not note multiple division orders. The reduction of this bill is based on tier reimbursement found in the Texas Fee Schedule."

Response Submitted by: Gallagher Bassett Services, Inc.

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
June 13, 2012	CPT Code 99456-W6-RE	\$337.50	\$ 337.50

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the fee guideline for workers' compensation specific services.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

- 16 – Claim/service lacks information which is needed for adjudication

Issues

1. What is the applicable rule for determining reimbursement of the disputed services?
2. Did the respondent support the insurance carrier's reasons for reduction of payment?
3. Is the requestor entitled to reimbursement?

Findings

1. The disputed services relate to a designated doctor examination to determine extent of injury, with billing and reimbursement subject to the provisions of 28 Texas Administrative Code §134.204 Code §134.204(i)(1), which requires that "Designated Doctors shall perform examinations in accordance with Labor Code §§408.004, 408.0041 and 408.151 and Division rules, and shall be billed and reimbursed as follows: . . . (C) Extent of the employee's compensable injury shall be billed and reimbursed in accordance with subsection (k) of this section, with the use of the additional modifier "W6'." §134.204(i)(2) further specifies that "When multiple examinations under the same specific Division order are performed concurrently under paragraph (1)(C) - (F) of this subsection: (A) the first examination shall be reimbursed at 100 percent of the set fee outlined in subsection (k) of this section; (B) the second examination shall be reimbursed at 50 percent of the set fee outlined in subsection (k) of this section; and (C) subsequent examinations shall be reimbursed at 25 percent of the set fee outlined in subsection (k) of this section."

Per 28 Texas Administrative Code §134.204 (k) states: "(k) The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with modifier "RE." In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports. Testing that is required shall be billed using the appropriate CPT codes and reimbursed in addition to the examination fee."

Review of the submitted documentation finds the requestor billed CPT Code 99456-W6-RE, request for designated doctor examination to address extent of injury for date of service June 13, 2012. Therefore, CPT Code 99456-W6-RE is supported as the requestor billed the services in accordance with 28 Texas Administrative Code §134.204. Reimbursement shall be \$500 in accordance with 28 Texas Administrative Code §134.204 (k).

2. The insurance carrier denied service date June 13, 2012 with reason code 16 – "Claim/service lacks information which is needed for adjudication. The insurance carrier further explains in its response that "In reviewing this issue we did note that there is a division order attached for a designated doctor exam. We also noted that the date range for this exam were to be between the DOS 06/15/2012-06/20/2012 and the DOS for this service took place on 06/13/2012 this is prior to the Division order. Per provider documentation we did note multiple division orders. The reduction of this bill is based on tier reimbursement found in the Texas Fee Schedule: ... If the provider can show that there are separate division orders in this time frame that includes DOS full reimbursement is warranted. The division order in documentation attached does not include 06/13/2012 dos, date ranges state 06/15/2012-06/20/2012 this can be found on pg: 45 of provider documentation. From this documentation it can be assumed that the 06/13/2012 DOS is with in the same division order as previous DOS making the tier reimbursement correct."

Designated Doctor Examination (DWC-32) form submitted by the requestor requesting extent of injury examination. Further review of documentation provided by the requestor finds a DD Appointment Coordination Sheet (ACS-SE) form which indicates an appointment for Designated Doctor is scheduled on June 15, 2012 however the provider performing the services requested a change of date from June 15, 2012 to June 13, 2012 which the Division approved.

Review of the submitted documentation finds only one examination, procedure code 99456-W6-RE performed under paragraph (1)(C) – (F) on the disputed service date of June 13, 2012. Although the insurance carrier refers to multiple division orders. Review of Division records finds examinations after the disputed service June 13, 2012. The reimbursement reductions contemplated in §134.204(i)(2) are only applicable to multiple examinations under the same specific Division order. Review of the submitted documentation finds that the Division order after June 13, 2013 were rendered pursuant to different Division orders. No information was found to support insurance carrier payment of any other examinations performed concurrently under paragraph (1)(C) - (F) under the same specific Division order dated June 13, 2012. The insurance carrier's payment reduction reason is not supported.

3. Per 28 Texas Administrative Code §134.204(k), "The following shall apply to Return to Work (RTW) and/or Evaluation of Medical Care (EMC) Examinations. When conducting a Division or insurance carrier requested RTW/EMC examination, the examining doctor shall bill and be reimbursed using CPT Code 99456 with

modifier 'RE.' In either instance of whether MMI/IR is performed or not, the reimbursement shall be \$500 in accordance with subsection (i) of this section and shall include Division-required reports." Reimbursement for procedure code 99456 W6-RE is \$500.00. The insurance carrier paid \$162.50, leaving a balance due to the requestor of \$337.50. The requestor is therefore entitled to additional reimbursement of \$337.50.

Conclusion

For the reasons stated above, the Division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$ 337.50.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$337.50 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____	_____	08/01/2014
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.